

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

B-6

CERTIFICATE OF DEATH

Reg. Diat. No.

01640

1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodstock
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

George Albough

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87714

hrs.

min.

9. Birthplace

Source, Pennsylvania

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Driver Beck

MOTHER

FATHER

12. Name

Mary Barrick

13. Birthplace

Pa.

14. Maiden name

Virginia Litch

15. Birthplace

Pa.

16. Informant

Emergely Hosp. Frederick, Md.

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb 25, 1947

(month) (day) (year)

Cemetery or crematory

Mt Hope

Location

Woodstock, Md.

18. Funeral director

Russell & Hartzler

Address

Woodstock, Md.

19. 24 Feb 19

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 22, 1947, 7:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 13, 1947, to Feb 22, 1947and that I last saw him alive on February 22, 1947

Immediate cause of death

Chronic Nephritis

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.Frederick, Md.

Address

Date signed Feb 23, 1947

01370

RECEIVED
FEB 26 1947
BUREAU V.B.

1-33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/10/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/10/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 316 E. Lorraine Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Raleigh Anderson Alderson

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mamie Alderson
 6. (c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) March 25, 1889
 8. AGE: Years 57 Months 10 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Pace, Virginia
 (Town, county, and state)
 10. Usual occupation Office Manager

11. Industry or business

FATHER 12. Name Charles H. Alderson
 13. Birthplace Virginia
 MOTHER 14. Maiden name Sally F. Strickland
 15. Birthplace Virginia

16. Informant Mamie Alderson, Wife
 Address 316 E. Lorraine Ave., Balto., Md.

17. Burial Burial Date thereof 2/22/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory _____
 Location Richmond, Virginia

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. Feb. 20 19 47
 (Date rec'd by registrar) Registrar J. D. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 19 47 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 10 19 46 to Feb. 19 19 47
 and that I last saw him alive on February 19 19 47

Immediate cause of death
Pulmonary Tuberculosis

DURATION
21 Mos.

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Baccis
 Address State Sanatorium, Md. Date signed 2/19/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

01642

Reg. Diat. No. 1440

1. PLACE OF DEATH:

County Fredrick
 City or town Lewisston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Lewisston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

SIDNEY JOSEPH ANGELBERGER

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ida James Angelberger
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 24, 1880
 8. AGE: Years 67 Months _____ Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Yellow Springs, Fredrick Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William D. Angelberger

13. Birthplace Fredrick, Md.

14. Maiden name Margaret A. Miller

15. Birthplace Thurmont, Md.

16. Informant Mrs. Sydney Angelberger

Address Lewisston, Md.

17. Burial Date thereof March 1, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Utica, Maryland

18. Funeral director M. P. Chesapeake

Address Thurmont, Md.

19. March 1 19 47 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 FEBRUARY 19 1947 at 3⁰⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19 _____ to 19 _____

and that I last saw him DEAD on 26 FEBRUARY 19 47

Immediate cause of death CORONARY THROMBOSIS

DURATION

INSTANT

Due to Hypertensive Heart Disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Charles H. Coker, Jr., M. D.

Address Frederick, Md. Date signed 27 Feb. 47

RECEIVED

MAR 5 1947

BUREAU V 6

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

01644

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 238 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

GRACE AMELIA BAUMGARDNER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife William D. Baumgardner

7. Birth date of deceased (mo., day, yr.) December 28, 1879
 6. (c) If alive, give age _____ years

8. AGE: Years 67 Months 1 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name George H. Brunner13. Birthplace Frederick County Maryland14. Maiden name Frances M. Baker15. Birthplace Frederick County Maryland16. Informant Mrs. W. A. McKelvyAddress 238 N. Market St., Frederick, Md.17. Burial 2/13/47

(Burial, cremation, or removal: Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 Feb 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947 at 1:35A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 1, 1946 to Feb. 11, 1947and that I last saw her alive on Feb. 11, 1947

Immediate cause of death _____ DURATION _____

Acute Coronary Thrombosis 1 day

Due to _____

Due to _____

Other conditions hypertension, angina pectoris, 11 yrs.Diabetes mellitus 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations none

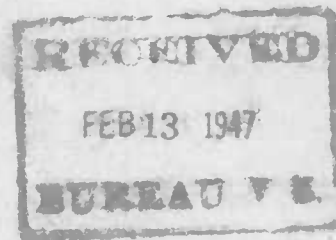
Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/9/47Where did injury occur? Frederick, Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury Fall. Spine of neck. Injured at work?23. SIGNATURE A. A. O'Carroll M.D.Address Frederick, Md. Date signed 2/11/47



1-35

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 01645 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Mt. Airy, Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rt 23
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Roger Russell Bennett

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 2, 1947

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

Frederick Health Co., Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

James Edward Bennett

12. Name

Howard Co. Maryland

13. Birthplace

Frederick, Frederick County, Maryland

14. Maiden name

Frederick County, Maryland

15. Birthplace

Frederick County, Maryland

16. Informant

Frederick County, Maryland

Address

Frederick Rt # 5

17. Burial

Monte Cern

Cemetery or crematory

Frederick Rt # 5

Location

Frederick Rt # 5

18. Funeral director

Frederick Rt # 5

Address

Frederick Rt # 5

19. 13 Feb

1947

(Date rec'd by registrar)

Elizabeth G. Hedges

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 13, 1947, at 9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 2, 1947 to Feb. 13, 1947and that I last saw him alive on Feb. 13, 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

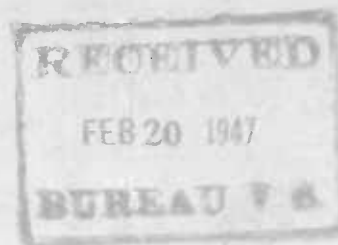
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard James Jr. M.D.Address Frederick, Md.Date signed Feb 13, 1947



2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 750

CERTIFICATE OF DEATH

Reg. Dist. No. 131 0

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 Years
 Hospital, institution, or street address where death occurred:
200 East Church Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 200 East Church Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

EMILY FRANCES BESANT

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or Henry R. Besant

7. Birth date of deceased (mo., day, yr.) April 28, 1865
 6. (c) If alive, give age _____ years

8. AGE: Years 81 Months 9 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Charlestown, West Virginia
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Rev. James H. March13. Birthplace Winchester, Virginia14. Maiden name Laura Eby15. Birthplace Virginia16. Informant Catherine B. BesantAddress 200 E. Church St., Frederick, Md.

17. Burial Date thereof 2/12/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Feb 1947 Elizabeth E. Hech

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1947 at 8:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 to Feb 10 1947and that I last saw him alive on Feb 10 1947

Immediate cause of death

Acute Cardiac Dehiscence

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D.Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

01647

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. #5 DeGrange Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

ANNIE MAY BIDDINGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 4, 1881

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>7</u>	_____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Ephriam M. Biddinger
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Josephine Biser
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Grace L. Dew
 Address 5 DeGrange St., Frederick, Md.

17. Burial Date thereof 2/14/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 12 Feb 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947 at 8:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 29 1946 to Feb. 11 1947
 and that I last saw him alive on Feb. 10 1947

Immediate cause of death

Coronary Thrombosis

DURATION

1 hour.

Due to Atherosclerosis of
Coronary arteries.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

Injured at work? _____

23. SIGNATURE Bernard Hunnig M. D.
Frederick, Maryland Date signed 2-11-47

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FEB 13 1947

BUREAU V. B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Charlesville
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

BERTHA IDA BOONE

3. (b) Social Security Number

219-22-2599

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
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6.(b) Name of husband or wife Meredith B. Boone6.(c) If alive, give age 39 years7. Birth date of deceased (mo., day, yr.) June 20, 1907

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>7</u>	<u>26</u>hrs.min.

9. Birthplace Prince Georges County Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Edward M. Dodd13. Birthplace Frederick County Maryland14. Maiden name Annie Fink15. Birthplace Frederick County Maryland16. Informant Meredith B. BooneAddress R. F. D. #3, Frederick, Md.17. Burial Date thereof 2/19/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 17-Feb 1947 Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1947 at 5:35 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1946 to Feb 16 1947and that I last saw him alive on Feb 16, 47Immediate cause of death Pulmonary embolism

Due to

Due to

Due to

Due to

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. E. Foster Day M. D.Address Wolkesville, Md Date signed 2/17/47

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FEB 20 1947

BUREAU V.A.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

01649

1. PLACE OF DEATH:

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

723 East Potomac St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 723 East Potomac St

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

John Edward Browner

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Nell Mae Beeth

7. Birth date of

deceased (mo., day, yr.)

Feb. 10, 19186. (c) If alive, give age 25 years

8. AGE:

Years

Months

Days

If less than one day

29013

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

B. & O. R. Clerk

11. Industry or business

FATHER

12. Name

Teris D. Browner

13. Birthplace

Virginia

MOTHER

14. Maiden name

Nellie Cannon

15. Birthplace

Maryland

16. Informant

Mr. N. F. Browner

Address

Brunswick Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 27, 1947
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md.

18. Funeral director

C. N. Felt, Bro

Address

Brunswick Md

19.

(Date rec'd by registrar)

Feb 25 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

23 Feb.

19

47 at 8:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13 Feb.

19

47 to 23 Feb.

19

47

and that I last saw him

un

alive on

23 Feb.

19

47

19

47

Immediate cause of death

Pneumonia, tuberculous

DURATION

5 days

Due to

Chronic undetermined

Due to

Tuberculosis, bilateral, far advanced disease

Due to

involving upper half of both lungs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Richard H. Sanders M.D.

M. D. or other

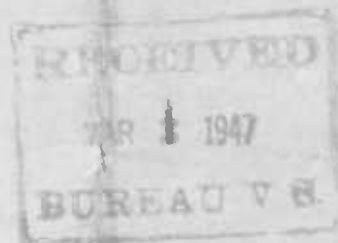
Address

Brunswick Md

Date signed

23 Feb 47

June 2 P.M.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Day

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Hansonville

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

NOAH SAMUEL BROOKS

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of ~~husband~~ or wife Maude M. Nichols

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

September 27, 1869

8. AGE:

Years

Months

Days

If less than one day

77413

hrs.

min.

9. Birthplace Clarksburg-Randolph-West Virginia

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Richard Brooks13. Birthplace Randolph County West Virginia14. Maiden name Barbara Petro15. Birthplace Randolph County West Virginia16. Informant Homer C. BrooksAddress Cumberland, Maryland17. Removal

(Burial, cremation, or removal. Which?)

Date thereof 2/11/47

(month) (day) (year)

~~Cemetery or crematory~~Location Fairmont, West Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Feb 19 47
(Date rec'd by registrar)Elizabeth H. Etchison
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1947, at 59 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 9 1947 to Feb 10 1947and that I last saw him alive on Feb 10 1947

Immediate cause of death

DURATION

Cerebral Hemorrhage

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

M. D.

M. D. or other

Address Frederick, Md Date signed Feb 10-47

RECEIVED

FEB 12 1947

BUREAU 7 B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16421

01651

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Bartonsville, Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

Jug Bridge

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Bartonsville, Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Bartonsville, Md
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

William Lucius Brooks

3.(b) Social Security Number

220-09-8211

4. Sex

male

5. Color or race

colored

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Catherine Boire Brooks6.(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

July 8 1918

8. AGE:

Years 28 Months 6 Days 20 If less than one day
hrs.min.

9. Birthplace

Philadelphia, Pa
(Town, county, and state)

10. Usual occupation

janitor

11. Industry or business

Foundry

MOTHER FATHER

12. Name

James Robert Brooks

13. Birthplace

Bartonsville, Md

14. Maiden name

Eliz. Sydnor

15. Birthplace

Washington, D. C.

16. Informant

W. M. Brooks

Address

Bartonsville, Md

17. Burial

(Burial, cremation, or removal. Which?) 3/3/47
(month) (day) (year)

Cemetery or crematory

Bartonsville, Md

Location

Bartonsville, Md

18. Funeral director

Wm E. Cantor

Address

Frederick, Md.

19. 3 March

(Date rec'd by registrar) 1947Elizabeth S. Hark
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 February 19 47 at 7:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 to 19and that I last saw him live on 28 February 19 47

Immediate cause of death

Multiple fractures of skull

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 28 Feb. '47Where did injury occur? Frederick, Frederick, Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. Highway #40Means of injury jumped from bridge Injured at work? No

23. SIGNATURE

Charles H. Conley, M.D.
Frederick, Md. M. D. or otherAddress Frederick, Md Date signed 1 March 47

RECEIVED

MAR 5 1947

BUREAU V.R.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01652

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick- (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Montevue County Home
 How long in hospital or institution? 31 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick- (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Montevue County Home
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war None

3. (a) FULL NAME

MARY LILLIAN CASTLE

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23-1877

8. AGE: Years 69 Months 1 Days 24 If less than one day
 hrs. min.

9. Birthplace Middletown Frederick Co., Md.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Daniel W. Castle13. Birthplace Middletown, Md.14. Maiden name Martha E. Sparrow15. Birthplace Middletown, Md.16. Informant Mrs. Pearl Gardner- M.W. CastleAddress Baltimore, Md.- Frederick, Md.17. Burial Burial Date thereof Feb. 18-1947
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C.E. Cline and SonAddress Frederick, Maryland19. 17 Feb 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16th 1947, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1 1946 to Feb. 16 1947
 and that I last saw h.s.v. alive on Feb. 16 1947

Immediate cause of death Cerebral Hemorrhage DURATION 1 min.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hanna, M.D. M. D. or otherAddress Frederick, Md. Date signed Feb. 17, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 18 1947

BUREAU V S

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

2161

CERTIFICATE OF DEATH

Reg. Dist. No. 81.137

1. PLACE OF DEATH:

County FrederickCity or town Union Bridge Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Union Bridge Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Route 1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Nettie Claiborn

3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Maurice J. Claiborn6. (c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) April 15, 18768. AGE: Years 70 Months 9 Days 23 hrs. min.9. Birthplace Frederick Co., Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name Josiah Stranberg13. Birthplace Maryland14. Maiden name Laura Fogle15. Birthplace Maryland16. Informant Maurice J. ClaibornAddress Union Bridge Md R. 117. Burial Date thereof Feb 10, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Pipe Creek CemeteryLocation Shanton Road18. Funeral director D. D. Hayler & SonsAddress Union Bridge & New Market Rd19. Feb 10, 1947 P. Eichman
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1947 at 5:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10, 1947 to Feb 10, 1947and that I last saw him alive on Feb 10, 1947Immediate cause of death Stroke

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

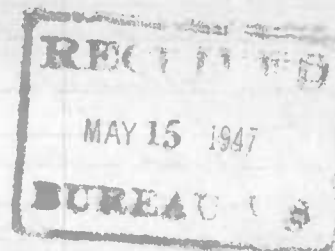
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Mason M.D.
Address Union Bridge Date signed Feb 10, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rural Potica
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5-0 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Potica
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Alberta Louise Cramer

3. (b) Social Security Number

no4. Sex 7 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 11 - 1883 6. (c) If alive, give age _____ years8. AGE: Years 63 Months 11 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Potica Fredk. Co. Md
(Town, county, and state)10. Usual occupation housework11. Industry or business own home12. Name John Cramer13. Birthplace Potica Fredk. Co. Md14. Maiden name Julianne Shankle15. Birthplace Frederick, B. F. W. Md16. Informant Miss Ida CramerAddress Frederick, B. F. W. Md17. Burial, cremation, or removal, Which? Burial Date thereof Feb 9 - 1947
(month) (day) (year)Cemetery or crematorium Potica CmsLocation Potica Fredk. Co. Md18. Funeral director M. R. Greager DanAddress Thurmont Md19. Feb. 9 1947 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1947 at 5:30 A M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1 1945 to Feb 7 1947
and that I last saw her alive on Feb 6, 1947

Immediate cause of death _____

Hypertensive Cardiovascular
Renal disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elster Day M. D. or other _____Address Wolkesville, Md Date signed Feb 9 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 12 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1400

1. PLACE OF DEATH:

County FrederickCity or town New Midway R.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town New Midway
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Julia A. Creager

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FWdivorced6.(b) Name of husband or wife Winfield C. Creager7. Birth date of deceased (mo., day, yr.) March 6, 1881 6.(c) If alive, give age years8. AGE: Years Months Days If less than one day
65 11 5 hrs. min.9. Birthplace Pittsburgh, Penna.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name George Warfield13. Birthplace Pa.14. Maiden name Emma St. Clair15. Birthplace Pa.16. Informant Russell Creager
Address New Midway, Md.17. Burial Date thereof Feb. 14, 1947.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WoodsboroLocation Woodsboro, Md.18. Funeral director C. O. FUSS & SON
Address Taneytown, Md.19. Feb 13 19 47 L. C. Prindle
(Date rec'd by registrar) Registrar

-MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1947 19 47 at 4:38 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Feb. 11, 1947 to Feb. 11, 1947and that I last saw him alive on Feb. 11, 1947Immediate cause of death Cerebral thrombosis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Russell Creager M.D. or otherAddress New Midway Date signed Feb 12

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF

DEPARTMENT OF HEALTH

RECEIVED

MAR 7 1947

BUREAU "S"

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 43 years
 Hospital, institution, or street address where death occurred:
415 Maple Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 415 Maple Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Lula Irene Dagenhart

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Jacob H. Dagenhart
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec 25 1876
 8. AGE: Years 70 Months 1 Days 20 hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name O. S. Scott
 13. Birthplace Maryland
 14. Maiden name Flourice E. Horner
 15. Birthplace Maryland

16. Informant Leon Dagenhart
 Address Brunswick Md.
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Feb 19 1947
 (month) (day) (year)
 Cemetery or crematory Rohersville
 Location Rohersville Md.
 18. Funeral director G. H. Felt, Inc.
 Address Brunswick Md.

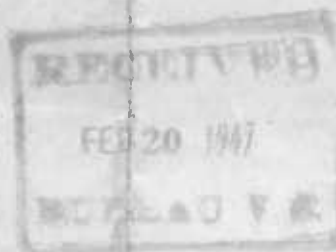
19. 2-19-47 47 Eugenia A. Burke
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 15 1947 at 11:30 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1947 to Feb 14 1947
 and that I last saw him alive on Feb 15 1947
 Immediate cause of death Pulmonary edema
 Due to Cerebral thrombosis DURATION 3 days
 Due to Arteriosclerosis 7 days
 Other conditions Epilepsy 20 yrs
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. L. ... M. D., or other
 Address Jefferson Wg Date signed 2/17/47



-1-36-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 Years
 Hospital, institution, or street address where death occurred:
Harmony Grove
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harmony Grove
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
ISRAEL CLINTON DELAUTER

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W
 6.(b) Name of husband or wife Charlotte Hoover
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 30, 1872
 8. AGE: Years 74 Months 7 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER 12. Name Israel DeLauter
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Martha (last name unknown)
 15. Birthplace Frederick County Maryland

16. Informant R. L. DeLauter
 Address Frederick, Maryland

17. Burial Date thereof 2/28/47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Grossnickle Cemetery
 Location Near Ellerton, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 27-Feb 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 19 47, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 45 to Feb 26 19 47

and that I last saw him alive on Feb 25, 47 19 _____

Immediate cause of death

apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work?

23. SIGNATURE Elton Day M. D.

Address Woburnville, Md Date signed Feb 26, 47

RECEIVED

FEB 28 1947

BUREAU V B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 15 East Third Street

(If rural, give LOCATION)

2.(d) If veteran, name war None

3. (a) FULL NAME

AGNES ELIZABETH DOLWICK

3. (b) Social Security Number

None4. Sex 5. Color or race 6. (a) ~~Single~~ married, widowed, or divorcedFemaleWhiteMarried6. (b) Name of husband or wife J. Ernest Dolwick6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) December 20, 18818. AGE: Years Months Days If less than one day
65 1 21 hrs. min.9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation Retired Housewife

11. Industry or business

12. Name Edward Doll13. Birthplace Frederick, Maryland14. Maiden name Mary Ellen Keefer15. Birthplace Frederick, Maryland16. Informant Mr. J. Ernest DolwickAddress Frederick, Maryland17. Burial Date thereof February 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenhill CemeteryLocation Martinsburg, W. Va.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 12 Feb 19 47 Elizabeth G. Heck-
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 19 47, at 10:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 19 46, to Feb. 10 19 47, and that I last saw him alive on Feb. 10 19 47.Immediate cause of death Carcinoma of colon DURATION 3 months

Due to.....

Due to.....

Other conditions Metastasis to lungs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. M. Smith M.D. M. D. or otherAddress Frederick, Md. Date signed 2-11-47

RECEIVED

FEB 13 1947

BUREAU

1-35

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 01658
 Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 Years
 Hospital, institution, or street address where death occurred:
129 East Patrick Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 129 East Patrick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Margaret Kefauver

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife James E. Doub, Sr.

7. Birth date of deceased (mo., day, yr.) April 9, 1874 8. (c) If alive, give age 73 years

8. AGE: Years 72 Months 10 Days 17 If less than one day
 hrs. min.

9. Birthplace Middletown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William Kefauver

13. Birthplace Frederick County Maryland

14. Maiden name Elizabeth Chamberlain

15. Birthplace Frederick County Maryland

16. Informant James E. Doub, Sr.

Address 129 E. Patrick St., Frederick, Md

17. Burial Date thereof 2/28/47
 (Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26 Feb 19 47 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 19 47 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15 19 47 to Feb. 26 19 47
 and that I last saw him/her alive on Feb. 25 19 47

Immediate cause of death
Carcinoma breast, right.
Metastatic Carcinoma, lungs.

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.

Address Frederick, Md. M. D. or other

Date signed Feb. 27, 1947

RECEIVED

FEB 28 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 01643 1810

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Fleming, C. Arnold Fleming

3. (b) Social Security Number

4. Sex 5. Color or race 6. (c) Single, married, widowed, or divorced

malewhitemarried6. (b) Name of husband or wife Lucia H. Fleming6. (c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) January 4 - 18838. AGE: Years 64 Months 5 Days 5 If less than one day
.....hrs.min.9. Birthplace Maryland - Carroll Co.
(Town, county, and state)10. Usual occupation merchant

11. Industry or business

12. Name George A. Fleming13. Birthplace Maryland14. Maiden name Kathleen H. R. Davis15. Birthplace Maryland16. Informant Mrs. Lucia H. FlemingAddress Frederick, Md. R.D.17. Burial Date thereof Feb - 11 - 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Taylorville Cem.Location Taylorville - Maryland18. Funeral director G. M. WattsAddress Winfield Md19. 9 Feb 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 19 47, at 4:15 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30, 19 47, to February 9, 19 47, and that I last saw him alive on February 9, 19 47.Immediate cause of death acute coronary thrombosis DURATION 6 daysDue to myocardial infarction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D. M. D. or otherAddress Frederick, Md Date signed 2/9/47

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

Permanently

RECEIVED FEB 11 1947

RADIO CONTROL

RECEIVED
FEB 11 1947
BUREAU V 3

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01659

Reg. Dist. No. 1400

1. PLACE OF DEATH:

County Frederick
City or town Ladiesburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bennie E. Frock

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Thelma Norris Frock

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) Oct. 26, 1901

8. AGE:

Years

Months

Days

If less than one day

45324

..... hrs.

..... min.

9. Birthplace

Va.

(Town, county, and state)

10. Usual occupation Foreman of Warehouse

11. Industry or business

Grocery

FATHER

12. Name Samuel Frock

13. Birthplace

Md

MOTHER

14. Maiden name Maud McKinney

15. Birthplace

Md

16. Informant

Mrs. Thelma Norris Frock

Address

Ladiesburg, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 22, 1947

(month) (day) (year)

Cemetery or crematory

Haugh'sLadiesburg

Location

18. Funeral director

C. O. FUSS & SON

Address

Taneytown, Md.

19.

Feb. 21, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Ladiesburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-10-5671

MEDICAL CERTIFICATION

20. DATE OF DEATH

19 February

19

47 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 November

19

47

to

19 February

19

47

and that I last saw him

alive on

19 February

19

47

Immediate cause of death

Pulmonary Embolism

DURATION

3 hours

Due to

Phlebotrombosis, right

99

1

Due to

femoral vein,2 dayschronic lymphoid leukemia4 months

Other conditions

74a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James E. Storer Jr. MD

M. D. or other

Address

Walkerville, Md.

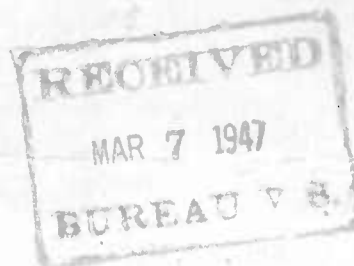
Date signed

20 Feb. 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-25-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 626

CERTIFICATE OF DEATH

01660
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
325 East Church Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 325 East Church Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

FLORENCE ANNA GREEN

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>	
6. (b) Name of husband or wife <u>Norman Green</u>			
7. Birth date of deceased (mo., day, yr.) <u>February 2, 1899</u>			
8. AGE: Years <u>48</u>	Months <u>0</u>	Days <u>5</u>	If less than one day hrs. min.
6. (c) If alive, give age <u>49</u> years			

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Maggie Butcher
 15. Birthplace Frederick County Maryland

16. Informant Norman Green
 Address 325 E. Church St., Frederick, Md.
 17. Burial Date thereof 2/10/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bartonsville Cemetery
 Location Frederick, Md. - R. F. D. #1
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. W. Yeh 19 47 Elizabeth G. Heath
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1947 at 9:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/2 19 44 to 2/2 19 47
 and that I last saw him alive on 2/2/47 19 47

Immediate cause of death Cerebral Embolism
 DURATION 1 hr
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE W. J. Bourne Jr. M. D.
 Address Frederick, Maryland Date signed 2-10-47

RECEIVED
FEB 11 1947
BUREAU

1-35

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 10 1947

BUREAU V &

2-35

Evidence for the addition of
item 17 is shown on
G 108 2/14/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 10/1/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 10/1/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Baltimore**
City or town **Lansdowne**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **23 Second Ave.**
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Dorothy Harden

3.(b) Social Security Number

219-01-7263

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**

6.(b) Name of husband ~~xxx~~ **William C. Harden**

7. Birth date of deceased (mo., day, yr.) **Nov. 24, 1903** 6.(c) If alive, give age **43** years

8. AGE: Years **43** Months **2** Days **12** If less than one day
.....hrs.min.

9. Birthplace **Pikesville, Md.**
(Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Richard Whitcomb**

13. Birthplace **Harford County, Md.**

14. Maiden name **Ruth Fuller**

15. Birthplace **Baltimore County, Md.**

16. Informant **(Daughter)**

Address

17. **Burial** Date thereat **Feb. 8, 1947**
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Mt. Pleasant Cemetery**

Location **Gamber, Maryland**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **Feb. 6** **47** **J. B. Lynn**

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 5** 19 **47**, at **5:05 P M**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
October 1 19 **46** to **Feb. 5** 19 **47**
and that I last saw her alive on **February 5** 19 **47**

Immediate cause of death
Pulmonary Tuberculosis DURATION **6 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **A. G. Sacchi** M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **2/6/47**

MARGIN RESERVED FOR BINDING

VS 44 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 8 1947

BUREAU

35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 ★ 01663
 Reg. Dist. No. 1457

1. PLACE OF DEATH:

County Frederick
 City or town Myersville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County Columbia
 City or town Benton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war no ✓

3. (a) FULL NAME

Virginia S Hirleman

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Jacob Hirleman

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) January 31, 1864

8. AGE:

Years	Months	Days	It less than one day
<u>83</u>	<u>1</u>	<u>17</u>	hrs. _____ min.

9. Birthplace

Pennsylvania
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

 FATHER
 MOTHER

12. Name

Henry Keeler

13. Birthplace

Benton Pa

14. Maiden name

Susan Stewart

15. Birthplace

Benton Pa

16. Informant

Mrs. C. Has. Shepley

Address

Myersville Md

17.

Burial Date thereof Feb 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Benton Pa

Location

Benton Pa

18. Funeral director

Gladhill Co

Address

Middletown Md

19.

Feb 20 1947 Elmer M. Butler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH Feb 18 1947 at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13 1947 to Feb 18 1947
 and that I last saw him alive on Feb 18 1947

Immediate cause of death

DURATION

Coronary Occlusion 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

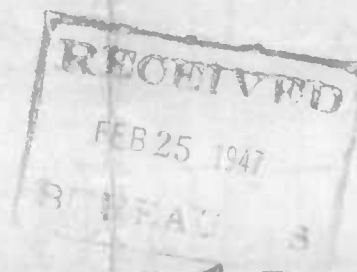
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Elmer M. Butler
 Address Middletown Date signed 2-19-47



2-25

2-1450

2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 1320

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Minnie R. Hoffman

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widowed6. (b) Name of husband or wife Lorin K. Hoffman

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 19, 18678. AGE: Years Months Days If less than one day
79 6 7 hrs. min.9. Birthplace Myersville Frederick Co. Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Samuel Palmer13. Birthplace Myersville, Md.MOTHER 14. Maiden name Rosena Longman15. Birthplace Myersville, Md.16. Informant Russel HoffmanAddress Middletown, Md.17. Burial Date thereof Feb. 18, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United Brethren CemeteryLocation Myersville, Md.18. Funeral director W. H. Hill Co.Address Middletown, Md.19. Feb 17 1947 Main Gladwell
(Date rec'd by registrar) Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war No

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1947 at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1946 to Feb 16 1947
 and that I last saw him alive on Feb 10 1947

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

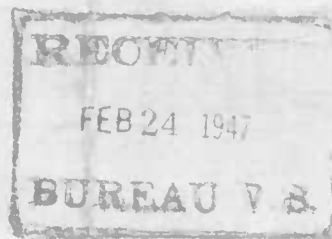
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. E. Harp MD
 Address Middletown Date signed 2-17-47
 M. D. or other

Courtesy
COPY SENT TO ~~LOCAL~~ REGISTRAR No. _____ DATE 2/24/47



2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

CERTIFICATE OF DEATH

01665

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 9/25/44**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? **Since 9/25/44**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County

City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)

Street No. **3316 Gwynn Falls Parkway**
 (If rural, give LOCATION)

2. (a) If veteran, name war ☒

3. (a) FULL NAME

Frances M. Johnson

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of husband ~~xxxx~~ **Francis A. Johnson**

6. (c) If alive, give age **27** years

7. Birth date of deceased (mo., day, yr.) **Oct. 19, 1920**

8. AGE: Years **26** Months **3** Days **16** It less than one day
 hrs. min.

9. Birthplace **Baltimore, Md.**
 (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Francis M. Wherrett**

13. Birthplace **Baltimore, Md.**

14. Maiden name **Rena McCarter**

15. Birthplace **Baltimore, Md.**

16. Informant **Mrs. Rena A. Wherrett (Mother)**

Address **3316 Gwynn Falls Pkwy, Bal to., Md.**

17. **Burial** Date thereof **Feb. 7, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Woodlawn Cemetery**

Location **Baltimore Co., Md.**

18. Funeral director **Walter Brooks Bradley**

Address **1922 W. North Ave., Bal to., Md.**

19. **Feb. 4** **47**
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 4** 19 **47** at **3:40 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 25 19 **44** to **Feb. 4** 19 **47**

and that I last saw him **er** alive on **February 4** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis**

DURATION

32 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

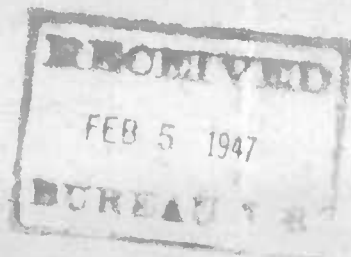
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. W. Baeis** M. D. ~~xxxx~~

Address **State Sanatorium, Md.** Date signed **2/4/47**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

CERTIFICATE OF DEATH

01666

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Fredrick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 5 South Virginia Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Ruth Elaine Jones

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age. — years

7. Birth date of deceased (mo., day, yr.)

Jan. 25 - 1947

8. AGE:

Years

Months

Days

If less than one day

008

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 4, 1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 2 February19 47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 19 47 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 26 19 47 to Feb 2 19 47
and that I last saw him alive on Feb 2 19 47

Immediate cause of death

Cyanosis
Premature Toxo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Elizabeth G. Heck
Address Brunswick Md Date signed Feb 2-47

RECEIVED

FEB 4 1947

BUREAU V S

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on G 108 2/18/47 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH

age of deceased is shown on

G 108 2/18/47

2411 N. Charles St., Baltimore 163-B

CERTIFICATE OF DEATH

Reg. Dist. No. 01667 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 810 East B.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ISABELL S. KELLY

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John S. Kelly
 6. (c) If alive, give age 36 years
 7. Birth date of deceased (mo., day, yr.) March 14 - 1912
 8. AGE: Years 34 Months 10 Days 25 If less than one day
hrs. min.

9. Birthplace MD. (Town, county, and state)
 10. Usual occupation B. O. P. Messenger
 11. Industry or business
 12. Name Howard L. Duple
 13. Birthplace MD.
 14. Maiden name Terese E. Cahill
 15. Birthplace MD.
 16. Informant Ruth M. Kidwiler
 Address Brunswick MD.
 17. Burial Date thereof Feb. 14 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Reformed
 Location Knorrville MD.
 18. Funeral director C. H. Fute & Bros
 Address Brunswick MD.
 19. 13-Feb 1947 Elizabeth B. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 February 1947, at 6:55 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
never 19 to 19
 and that I last saw him live on 9 February 1947
 Immediate cause of death Poisoning, Carbide
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

12 hrs (?)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of 9 Feb. 47
 Where did injury occur? Brunswick Fred, MD
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Overdose Phenobarb Injured at work? No.

23. SIGNATURE Charles L. Corley M.D.
Physician Medical Examiner or other
 Address Frederick MD. Date signed 9 Feb. 47

RECEIVED
FEB 14 1947
BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01668

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Clifton

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

DAISY BIRELY KEMP

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Robert A. Kemp

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 14, 1872

8. AGE: Years 74 Months 6 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Ladiesburg-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Jacob M. Birely13. Birthplace Carroll County Maryland14. Maiden name Martha Ellen Feeser15. Birthplace Carroll County Maryland16. Informant Mrs. William R. Slemmer, Sr.Address R. F. D. #5, Frederick, Md.

17. Burial Date thereof 2/23/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 22 Feb 1947 Elizabeth B. Heeb
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21st 1947 at 5:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 19 1947 to Feb. 21 1947
 and that I last saw him alive on Feb. 21 1947

Immediate cause of death

DURATION

Cerebral Hemiparesis 2 days

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE A. A. Pearce M. D.Address Frederick, Maryland Date signed 2-22-47

RECEIVED

FEB 26 1947

BUREAU V S

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

01669

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
I. O. O. F. Home
 How long in hospital or institution? 5 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Pikesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN ALEXANDER KEYES

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced? W
 6. (b) Name of husband or wife Esther Mary Spencer
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 28, 1864
 8. AGE: Years 83 Months 3 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Canada
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business _____

12. Name Robert Keyes
 13. Birthplace Ireland
 14. Maiden name Sarah Jane Hewill
 15. Birthplace Ireland

16. Informant I. O. O. F. Home Records
 Address R. F. D. #1, Frederick, Maryland

17. Burial 2/18/47 Date thereof _____
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Stone Chapel Cemetery
 Location Near Pikesville, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 11 Feb 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10th 1947 at 4:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1946 to Feb. 10 1947and that I last saw him alive on Feb. 9 1947Immediate cause of death Acute Mitral Regurgitation

DURATION

4 daysDue to Chronic myocarditis

Due to _____

Other conditions x

(Include pregnancy within 8 months of death)

Major findings of operations xAutopsy results x

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm M. Smith M. D.Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01670
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 Years
Hospital, institution, or street address where death occurred:
Near Frederick
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Frederick
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES FRANKLIN KINTZ

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Badelia Kemp
6.(c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) November 14, 1855

8. AGE: Years 91 Months 2 Days 22 If less than one day hrs. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Frederick Kintz
13. Birthplace Penna.

14. Maiden name Susan Hare
15. Birthplace Penna.

16. Informant Mrs. Roy L. Crum
Address R. F. D. #1, Frederick, Md.

17. Burial Date thereof 2/8/47
(Burial, cremation, or removal - Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 7 Feb 47 Elizabeth Etchison
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1947 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1947 to Feb 6 1947
and that I last saw him alive on Feb 6 1947

Immediate cause of death Alzheimer's Disease
Due to Chronic Arteriosclerosis - Atherosclerosis
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Etchison M. D.
Address Frederick, Maryland M. D. or other
Date signed 2-7-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 8 1947

RECEIVED

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01671

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? Since January 27, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 489 East Church Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

DOLLY ANN KLIPP

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 27, 1947

8. AGE: Years 0 Months 0 Days 7 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
Infant

10. Usual occupation

11. Industry or business

12. Name Charles H. Klipp, Jr.

13. Birthplace Frederick County Maryland

14. Maiden name Mildred Welty

15. Birthplace Frederick County Maryland

16. Informant Charles H. Klipp, Jr.

Address 489 E. Church St., Frederick, Md.

17. Burial Date thereof 2/6/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 54 February 1947 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1947 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 27, 1947 to Feb 4, 1947
and that I last saw him alive on Feb 4, 1947

Immediate cause of death

Broncho pneumonia

DURATION

1 day

Due to Aspiration of milk

Due to Immaturity (7 1/2 months)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE J. Scholten M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-5-47

MARGIN RESERVED FOR BINDING

VS A15 945:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 7 1947

BUREAU V 6

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

★ 01672

Reg. Dist. No. 131 0

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 Years
 Hospital, institution, or street address where death occurred:
Adamstown
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Adamstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
None
 2. (a) If veteran, name war

3. (a) FULL NAME

JESSE KREIG

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Ruth A. Padgett

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25, 1856

8. AGE: Years 90 Months 11 Days 11 It less than one day
 hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Retired Merchant

11. Industry or business

12. Name William Kreig13. Birthplace Germany14. Maiden name Mary Martell15. Birthplace Alsace Lorraine16. Informant Miss Mary L. KreigAddress Adamstown, Maryland17. Burial Date thereof 2/8/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-Feb 1947 Elizabeth G. Hetch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1947 at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
24 October 1946 to 6 Feb. 1947
 and that I last saw him alive on 5 February 1947

Immediate cause of death Coronary occlusion
 DURATION 2 wks (?)

Due to Arteriosclerosis 20 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-7-47

85010

RECEIVED

FEB 12 1947

BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 1411

1. PLACE OF DEATH:

County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 58 yrs.
 Hospital, institution, or street address where death occurred:
320 Brunswick St.
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 320 Brunswick St.
 (If rural, give LOCATION) _____
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Luther Ellsworth McBride

3. (b) Social Security Number

—

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Lizzie M. Tritapoe 6.(c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) Jan. 27, 1864
 8. AGE: Years 83 Months 0 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Retired Clerk
 11. Industry or business Store

FATHER 12. Name Henry C. McBride
 13. Birthplace Maryland
 MOTHER 14. Maiden name Margaret Sigler
 15. Birthplace Maryland

16. Informant H. Ellsworth McBride
 Address Burr Elkton Md.
 17. Burial Date thereof Feb. 16, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Burkittsville
 Location Burkittsville Md.

18. Funeral director C. H. Fuchs & Bos
 Address Brunswick Md.

19. Feb 16 1947 Kathryn H. Brown
 (Date rec'd by registrar) (M. D. or other)
Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1947 at 3:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from day 22 1945 to Feb 18 1947
 and that I last saw her alive on Feb 12 1947

Immediate cause of death Cerebrovascular (Stroke)
 DURATION 4 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

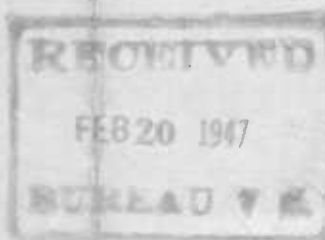
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other

Address Brunswick Md. Date signed 2/18/47



1-25

2-1410

1-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

01674

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Monteone HomeHow long in hospital or institution? 8 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Sabillasville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war 210

3. (a) FULL NAME

Mary Ellen Miller

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 31 1862

8. AGE:

Years 84 Months 8 Days 25 It less than one day _____ hrs. _____ min.9. Birthplace Sabillasville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Washington Miller13. Birthplace Sabillasville, Md.14. Maiden name Margaret F. Kaedel15. Birthplace Brownsville, Md.16. Informant Mrs. Carl EbyAddress Sabillasville, Md.17. Burial Date thereof Feb. 22, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Sabillasville, Md.18. Funeral director M. L. Casper & SonAddress Frederick, Md.19. 26 Feb 19 47 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1947 at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Feb. 25 1947and that I last saw him alive on Feb. 25 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.Address Frederick, Md. M. D. or other _____Date signed Feb. 25, 1947

RECEIVED

CERTIFICATE OF DEATH

STATE OF TEXAS

DEPARTMENT OF HEALTH

RECEIVED

FEB 28 1947

BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

01675

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 YearsHospital, institution, or street address where death occurred:
Frederick City HospitalHow long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 320 Klinehart's Alley
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

ISABELL MURDOCK

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Samuel Murdock7. Birth date of deceased (mo., day, yr.) Unknown 1891

8. AGE: Years 56? Months _____ Days _____ It less than one day _____ hrs. _____ min. _____

9. Birthplace Yellow Springs-Frederick-Maryland
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business _____

12. Name George Norris13. Birthplace Frederick County Maryland14. Maiden name Georgeanna Schley15. Birthplace Frederick County Maryland16. Informant Mrs. William F. ScottAddress Frederick, Maryland17. Burial Date thereof Feb-15-1947
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 15-Feb-47 Elizabeth G. Hetch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1947, 7:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1947 to Feb 13 1947and that I last saw her alive on Feb 13 1947

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

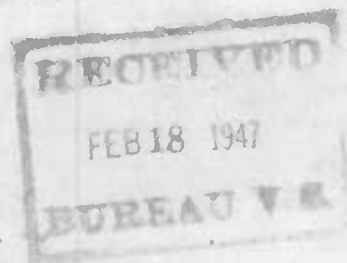
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. P. Thomas M. D.Address Frederick, Maryland Date signed 2-14-47



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

Reg. Dist. No. 01676 1318

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Montevue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MARY MURPHY

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Sydney Murphy

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 2, 1865

8. AGE:

Years

Months

Days

If less than one day

8198

.....hrs.

.....min.

9. Birthplace Winchester, Virginia
(Town, county, and state)10. Usual occupation Retired Servant

11. Industry or business

MOTHER FATHER

12. Name Marshall Kenny13. Birthplace Virginia14. Maiden name Sarah Johnson15. Birthplace Virginia16. Informant Emergency Hospital RecordsAddress Frederick, Maryland17. Burial Date thereof Feb. 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or ~~cemetery~~ Harpers CemeteryLocation Harpers Ferry, W. Va.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 12 Feb 19 47
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 19 47 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 46 to Feb. 10 19 47
and that I last saw her alive on Feb. 10 19 47

Immediate cause of death

Chronic nephritis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna J. N. P.
Frederick, Md. M. D. or other
Address Frederick, Md. Date signed Feb. 11, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 13 1947

BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

01677

1. PLACE OF DEATH:

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 yrs

Hospital, institution, or street address where death occurred:

115 East A St.How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 East A St.

(If rural, give LOCATION)

2. (a) If veteran, name war —

3. (a) FULL NAME

John Aaron Nixon

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Mollie Perry6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) April 11 18588. AGE: Years 88 Months 10 Days 11 If less than one day — hrs. — min.9. Birthplace West Virginia
(Town, county, and state)10. Usual occupation Retired B & O R Engineer11. Industry or business Transportation12. Name James E. Nixon13. Birthplace West Virginia14. Maiden name Malinda Stimp15. Birthplace West Virginia16. Informant Mrs. Ralph MammelAddress Brunswick Md.17. Burial Date thereof Oct 25 1947
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. Mark'sLocation Rural Retreat Md.18. Funeral director E. R. Feste & SonAddress Brunswick Md.19. Feb 25 19 47 Eugenia H. Burk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 19 47 at 8:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 21 19 46 to Feb 22 19 47and that I last saw him alive on Feb 20 19 47Immediate cause of death Arteriosclerosis

DURATION

1 yrDue to —Due to —Other conditions —

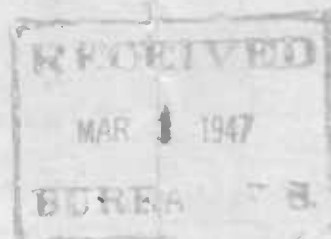
(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE [Signature] M. D. or otherAddress Brunswick Md. Date signed 2/24/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1340

1. PLACE OF DEATH:

County..... Fredrick
 City or town..... Rural, Emmitsburg Md., R.D.#1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 87 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frances Cordelia Ott

3. (b) Social Security Number

4. Sex..... Fm
 5. Color or race..... white
 6. (a) Single, married, widowed, or divorced..... widow
 6. (b) Name of husband or wife..... Charles W. Ott
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... October 25, 1859
 8. AGE: Years..... 87 Months..... 4 Days..... 6 If less than one day..... hrs. min.

9. Birthplace..... Adams Co., Pa.
 (Town, county, and state)

10. Usual occupation..... Housekeeper

11. Industry or business

MOTHER FATHER
 12. Name..... William Brawner
 13. Birthplace..... Unknown
 14. Maiden name..... Catherine Shindledecker
 15. Birthplace..... Unknown

18. Informant..... R. J. D. Eglee
 Address..... Emmitsburg Md., R.D.#1
 burial..... Feb 4, 1947
 (Burial, cremation, or removal. Which?)..... Date thereof..... (month) (day) (year)
 Cemetery or crematory..... St Anthony Shrine
 Location..... Emmitsburg, Md.

18. Funeral director..... H. L. Allison
 Address..... Emmitsburg, Md.

19. Feb 3 - 47 W. J. Shuff
 (Date rec'd by registrar)..... Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Fredrick
 City or town..... Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Emmitsburg, R.D.#1
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... 2 miles south

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb - 1 47, at 4 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Feb 1 47 and that I last saw him alive on Jan 21 47

Immediate cause of death..... arteriosclerotic cardiac vascular disease
 DURATION..... several years

Due to.....
 Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

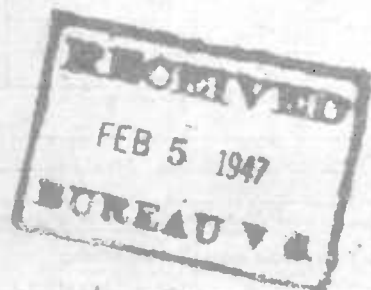
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. R. Calkins M.D.

Address..... Emmitsburg, Md. Date signed 2-2-47
 M. D. or other



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01679

1318

1. PLACE OF DEATH:

County Frederick
 City or town Adamstown - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alfred Pearson

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Lillie A. Pearson

7. Birth date of deceased (mo., day, yr.)

Sept 4 - 1858

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8855

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER

12. Name

UNKNOWN

13. Birthplace

UNKNOWN

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN

16. Informant

Ernest Pearson

Address

Adamstown - RFD Md

17. Burial

(Burial, cremation, or removal. Where?)

Date thereof

Feb 12 - 47
(month) (day) (year)

Cemetery or crematorium

Monocacy

Location

Beallsville, Md

18. Funeral director

William B. Hilton

Address

Barnesville, Md

19. 11 Feb

(Date rec'd by registrar)

19 47

Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Montg

City or town

Poolesville, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

FEB 9

19 47

at

4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 3

19 47

to FEB 9

19 47

and that I last saw him alive on

FEB 8

19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 wks

Due to

Arteriosclerosis generalized

?

Due to

Other conditions

CARCINOMA OF RECTUM

?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur K. Johns, M.D.

M. D. or other

Address

Poolesville, Md

Date signed

Feb 10 - 1947

RECEIVED

FEB 13 1947

BUREAU OF

1-35

Evidence for he change of
age is shown on G 109 4/7/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

Reg. Dist. No.

01680

1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55 yrs
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9 East Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Walter J. Peyton

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) July 24 1884 6. (c) If alive, give age _____ years
8. AGE: Years 62 Months 03 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual occupation Retired Telegrapher
11. Industry or business B. O. R. R.
12. Name John W. Peyton
13. Birthplace Virginia
14. Maiden name Ida V. Oden
15. Birthplace Virginia

16. Informant Lacey L. Davis
Address Washington DC
17. Burial Date thereof Feb 26 1947
(Burial, cremation or removal) Which (month) (day) (year)

Cemetery or crematorium Park Heights
Location Brunswick Md.
18. Funeral director C. N. Fute & Bro
Address Brunswick Md.

19. 24 Feb 19 47 Elizabeth G. Hecker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 February 1947 at 3:30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 August 1946 to 23 February 1947
and that I last saw him alive on 23 February 1947
Immediate cause of death Pneumonia
etiology undetermined
Duration 84 hrs.
Due to Cold - vascular collapse 4 hrs.
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H. Saunders MD
M. D. or other
Address Brunswick Md Date signed 24 Feb 47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 26 1947
BUREAU V.B.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

01681

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 6/11/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 6/11/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
City or town Rockville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Potomac, Rt. 1
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Mark Ward Pratt

3. (b) Social Security Number

220-01-0472

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 20, 1917

8. AGE: Years 29 Months 10 Days 17 If less than one day
..... hrs. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

MOTHER FATHER
12. Name Martin F. Pratt
13. Birthplace North Carolina
14. Maiden name Mary G. Snead
15. Birthplace North Carolina

16. Informant Deceased

Address

17. Burial Date thereof Feb. 8, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Black Rock Baptist Church Cem.

Location Butler, Me.

18. Funeral director Wm. R. Pumphrey

Address Bethesda, Md.

19. Feb. 6 19 47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 19 47 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 11 19 45 to Feb. 6 19 47
and that I last saw him alive on February 6 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 35 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Beech M. D. XXXX

Address State Sanatorium, Md. Date signed 2/6/47

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians, please write the causes of death clearly and legibly.

RECEIVED

FEB 8 1947

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1-75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

 01682
 Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 Years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 West Sixth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

EUGENE ROBERTS

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Nannie West

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Unknown 1866

8. AGE: Years 71 ? Months ? Days ? If less than one day ? hrs. ? min. ?

9. Birthplace Nr. Libertytown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Lawson Roberts

13. Birthplace Frederick County Maryland

14. Maiden name Unknown

15. Birthplace Frederick County Maryland

16. Informant Mrs. Nannie Roberts

Address 14 W. 6th St., Frederick, Md.

17. Burial 2/24/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 24 Feb 1947 Elizabeth H. Hock
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22nd, 1947 8:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 to Feb 22 1947

and that I last saw him alive on Feb 21 1947

Immediate cause of death Cerebral Decompensation

Due to Cerebral Muscular Renal Disease

Other conditions Arteriosclerosis + Senility

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of 2-24-47

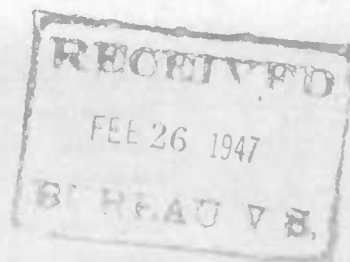
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Mans of Injury None Injured at work? None

23. SIGNATURE H. Lawrence Finkney M. D.

Address Frederick, Maryland Date signed 2-24-47



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01683

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
505 Magnolia Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 505 Magnolia Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES N. ROBERTS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Elsie J. Null
6. (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) January 14, 1871
8. AGE: Years 76 Months 1 Days 17 If less than one day
..... hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER 12. Name William H. Roberts
13. Birthplace West Virginia
MOTHER 14. Maiden name Sarah Beall
15. Birthplace Frederick County Maryland
16. Informant W. Maurice Roberts
Address 505 Magnolia Ave., Frederick, Md.
17. Burial Date thereof 2/14/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 14 Feb 19 47 Elizabeth J. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947, at 5:05 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 7, 1946 to Feb 11, 1947
and that I last saw him alive on Feb 11, 1947
Immediate cause of death Uremia
DURATION 3 days
Due to General thrombosis 9 weeks
Due to Advanced aortic -
sclerosis and years
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

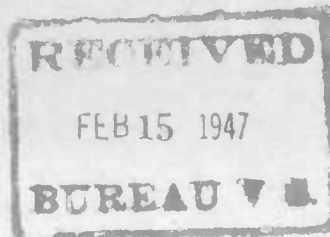
22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Scholcum M. D.
M. D. or other
Address Frederick, Maryland Date signed 2-13-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01684 139

1. PLACE OF DEATH: **Frederick**
 County **State Sanatorium, Maryland**
 City or town **(If outside city or town limits, write RURAL and give nearest town)**
 How long in above place of death? **Since 12/13/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 12/13/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Montgomery**
 City or town **Burtonsville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **(If rural, give LOCATION)**
 2.(a) If veteran, name war

3. (a) FULL NAME **Elmer F. Ruse**
 3. (b) Social Security Number **220-09-6611**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
 6. (b) Name of ~~husband~~ wife **Mary Jane Ruse**
 6. (c) If alive, give age **50** years
 7. Birth date of deceased (mo., day, yr.) **Dec. 19, 1901**
 8. AGE: Years **45** Months **1** Days **14** If less than one day hrs. min.

9. Birthplace **Prince George County, Md.**
 (Town, county, and state)
 10. Usual occupation **Farmer**
 11. Industry or business
 12. Name **David F. Ruse**
 13. Birthplace **Louden County, Va.**
 14. Maiden name **Elizabeth Gill**
 15. Birthplace **Louden County, Va.**
 16. Informant **Deceased**

Address
 17. **Burial** Date there **Feb. 5, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Union Cemetery**
 Location **Burtonsville, Md. Montg. Co.**
 18. Funeral director **Warner Pumphreys**
 Address **Silver Springs, Md.**
 19. **Feb. 3** 1947 **J. B. Ruse**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 2** 1947 at **8:30 AM**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **December 13** 1946 to **Feb. 2** 1947
 and that I last saw him alive on **February 2** 1947

Immediate cause of death **Pulmonary Tuberculosis**
 DURATION **9 Mos.**

Due to
 Due to

Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **R. B. Ballin** M. D. **JOHN**
 Address **State Sanatorium, Md.** Date signed **2/3/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 4 1947
BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01685

Reg. Dist. No. 139

1. PLACE OF DEATH:
County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 8/28/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/28/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 608 S. Broadway
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME Serafin Salgado
3. (b) Social Security Number 234-01-1200

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6. (b) Name of ~~XXXX~~ wife Grace Salgado
6. (c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.) May 7, 1907
8. AGE: Years 39 Months 8 Days 26 It less than one day hrs. min.

9. Birthplace Baltado, Spain
(Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business
12. Name Joseph Salgado
13. Birthplace Baltado, Spain
14. Maiden name Pilar Olibares
15. Birthplace Baltado, Spain
16. Informant Deceased
Address

17. Burial Date thereof 2/5/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery ~~XXXX~~ Sacret Heart
Location Baltimore, Maryland
18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland
19. Feb. 3 1947
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1947 at 3:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1946 to Feb. 2 1947
and that I last saw him alive on February 2 1947

Immediate cause of death Pulmonary Tuberculosis
DURATION 8 Mos.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

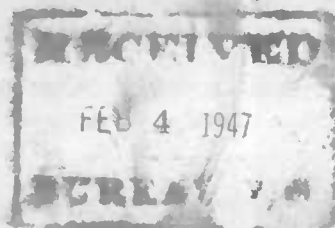
23. SIGNATURE P. G. Baccin
M. D. ~~XXXX~~
Address State Sanatorium, Md. Date signed 2/3/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131) a

CERTIFICATE OF DEATH

Reg. Dist. No. 01686 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since December 19, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)Street No. 226 South Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

CORA MAY SCHMIDT

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Jacob H. Schmidt7. Birth date of deceased (mo., day, yr.) April 3, 1877
 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
69 10 15 hrs. min.

9. Birthplace Littleton, ILL.
 (Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Edward Little13. Birthplace Washington County Maryland14. Maiden name Martha Colenburg15. Birthplace Frederick County Maryland16. Informant Mrs. John S. MillerAddress Catonsville, Maryland17. Burial Date thereof 2/21/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 20 Feb - 47 Elizabeth G. Etch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1947 9:35P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 18, 1946 to February 18, 1947and that I last saw him alive on 18 February 1947Immediate cause of death Arterio-sclerotic Cardio-renal disease

DURATION

10 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley M. D.Address Frederick, Maryland Date signed 2-20-47



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *pd*

CERTIFICATE OF DEATH

01687

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 320 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

RICHARD ARTHUR SELBY

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Single</u>

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1869

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>11</u>hrs.min.

9. Birthplace Montgomery County, Maryland
(Town, county, and state)10. Usual occupation Ox Fibre Brush Company

11. Industry or business

FATHER	12. Name	<u>Nathan R. Selby</u>
	13. Birthplace	<u>Montgomery County, Maryland</u>

MOTHER	14. Maiden name	<u>Susan Ray</u>
	15. Birthplace	<u>Montgomery County, Maryland</u>

16. Informant Emergency Hospital RecordsAddress Frederick, Maryland17. Burial Date thereof 2/7/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland19. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 75 February 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 19 47 at 5:10 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct - 10 19 46 to Feb 4 19 47
and that I last saw him alive on Feb. 3 19 47

Immediate cause of death

Arteriosclerotic Cardiac - vascular disease

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas J. M.P.
Frederick, Md. M. D. or other
Address Frederick, Md. Date signed Feb. 5, 47

RECEIVED

FEB 8 1947

RECEIVED 18

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01688

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
138 West Church Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 138 West Church Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM FRANKLIN SHUFF

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced D

6. (b) Name of husband or wife Frances Louise Beard
6. (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) April 22, 1907

8. AGE: Years 39 Months 9 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Chef

11. Industry or business Cooper's Lunch-Frederick, Md.

12. Name William Shuff

13. Birthplace Frederick County Maryland

14. Maiden name Minnie Narvie

15. Birthplace Maryland

16. Informant Miss Margaret Stoner

Address 138 W. Church St., Frederick, Md.

17. Burial Mount Olivet Cemetery Date thereof 2/18/47
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Frederick, Maryland

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 17 Feb 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1947, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 19 47 to Feb 15 19 47
and that I last saw him alive on Feb 15 19 47

Immediate cause of death Hypertrophied
Chronic disease of Lungs
Chronic alcoholism

Due to 1 yr

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Kew M. D.

Address Frederick, Maryland Date signed 2-17-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

FEB 18 1947

BUREAU V B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01689

Reg. Dist. No. 1310

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 407 West Patrick Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 407 West Patrick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... NONE

3. (a) FULL NAME
 GRAYSON FRANKLIN SHULL

3. (b) Social Security Number
 220-10-5027

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Grace Shearer
 6. (c) If alive, give age 43 years
 7. Birth date of deceased (mo., day, yr.) February 13-1899
 8. AGE: Years 47 Months 11 Days 20 If less than one day
hrs.min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation..... Roofer- Sheet Metal Worker
 11. Industry or business
 12. Name David A. Shull
 13. Birthplace Frederick County Md.
 14. Maiden name Emma Linton
 15. Birthplace Frederick County Md.

16. Informant Mrs. Grayson F. Shull
 Address 407 W. Patrick St.- Frederick, Md.

17. Burial Date thereof 2/4/47
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Md.
 C.E.Cline and Son
 18. Funeral director
 Address Frederick, Md.

19. 3 February 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 2- 1947, at 1:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1947, to Feb. 2 1947, and that I last saw him alive on Feb. 1 1947.

Immediate cause of death.....
 Pulmonary tuberculosis
 DURATION
 years +

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

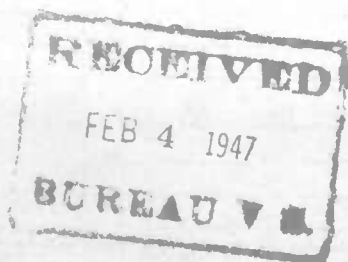
23. SIGNATURE..... B. D. or other

Address Frederick, Md. Date signed 2/4/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9420

CERTIFICATE OF DEATH

Reg. Dist. No. 01690 1310

1. PLACE OF DEATH:

County Frederick
 City or town Walkersville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Walkersville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Calvin Hayes Smith

3. (b) Social Security Number

none

4. Sex <u>male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
8. (b) Name of husband or wife <u>Mary C. Locke</u>			
7. Birth date of deceased (mo., day, yr.) <u>12-30-1879</u>			
8. AGE:	Years <u>67</u>	Months <u>1</u>	Days <u>26</u>
	If less than one day _____ hrs. _____ min.		
9. Birthplace <u>Frederick Co. Md.</u> (Town, county, and state)			
10. Usual occupation <u>Wheelwright</u>			
11. Industry or business _____			
FATHER	12. Name <u>Wm. H. Smith</u>		
	13. Birthplace <u>Frederick Co. Md.</u>		
MOTHER	14. Maiden name <u>Sarah Fox</u>		
	15. Birthplace <u>Frederick Co. Md.</u>		
16. Informant <u>John M. Smith</u> Address <u>Walkersville (R. 3. D.) Md.</u>			
17. <u>Burial</u> Date thereof <u>3-1-1947</u> (Burial, cremation, or removal, which?) (month) (day) (year)			
Cemetery or crematory <u>Union Chapel Cemetery</u>			
Location <u>near Libertytown - Md.</u>			
18. Funeral director <u>C. E. Clie + Son</u> Address <u>Frederick - Md.</u>			
19. <u>28 Feb</u> 19 <u>47</u> <u>Elizabeth H. Heck</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH <u>Feb 25</u> 19 <u>47</u> at <u>6:30 P.M.</u>	DURATION
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Feb 18</u> 19 <u>47</u> to <u>Feb 25</u> 19 <u>47</u> and that I last saw him alive on <u>Feb 25</u> 19 <u>47</u>	
Immediate cause of death <u>Coronary thrombosis</u>	
Due to _____	
Due to _____	
Other conditions _____	
(Include pregnancy within 3 months of death)	
Major findings of operations _____	Date of op. _____
Autopsy results _____	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide _____	Date of _____
Where did injury occur? _____	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____	
Means of injury _____	Injured at work? _____
23. SIGNATURE <u>S. F. Fosterday</u> M. D. or other _____	
Address <u>Walkersville, Md.</u> Date signed <u>Feb 26 47</u>	

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MAR 5 1947
BUREAU V.A.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01691

Reg. Dist. No. 1322

1. PLACE OF DEATH:

County FrederickCity or town Rural Middleton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural Middleton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

JOHN WESLEY SMITH

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Ester J. Smith5.(c) If alive, give age 68 years

7. Birth date of

deceased (mo., day, yr.) June 8, 1872

8. AGE:

Years 74 Months 7 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace

Myersville Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name George Smith13. Birthplace Myersville, Md.

MOTHER

14. Maiden name Elizabeth Beachley15. Birthplace Myersville, Md.

16. Informant

Ester J. Smith

Address

Middleton, Md.

17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof 2-7-47
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middleton, Md.

18. Funeral director

Bladhill Co.

Address

Middleton, Md.

19.

Feb 7 1947

(Date rec'd by registrar)

Max Bladhill

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 February 1947 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19____ to 19____
and that I last saw him in dead on 19____

Immediate cause of death

Gunsight wound of head

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4 Feb. 47Where did injury occur? in Middleton, Fred, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury 22 cal. rifleInjured at work? no

23. SIGNATURE

Charles H. Conley Jr. M.D.
Dep. Md. Examiner M.D. or other

Address

Frederick, Md. Date signed 4 Feb. 47

RECEIVED

FEB 8 1947

BUREAU 16

7-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md. County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME Grant Snowden

3. (b) Social Security Number _____

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1883 6. (c) If alive, give age _____ years

8. AGE: 63 Years 3 Months 8 Days It less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown

14. Maiden name Lillian Snowden

15. Birthplace unknown

16. Informant R. F. Day

Address Monrovia, Md.

17. Buried Date thereof Feb. 19, 1947
 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or ossuary New Market

Location New Market

18. Funeral director H. M. Swisher

Address Int. City Maryland

19. 19 Feb 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 19 47 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 19 47, to Feb 16 19 47, and that I last saw him alive on Feb 11 19 47

Immediate cause of death Chronic valvular heart disease DURATION 10 yrs

Due to _____

Due to _____

Other conditions Chronic interstitial nephritis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ernest P. Roop, M.D. M. D. or other _____

Address New Market, Md. Date signed 2-18-47

RECEIVED

FEB 20 1947

BUREAU V.M.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 1/2 years
Hospital, institution, or street address where death occurred:
352 Park Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No... 352 Park Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME

Janie R. Snyder

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Henry M. Snyder

7. Birth date of deceased (mo., day, yr.) May 11, 1866 6. (c) If alive, give age... years

8. AGE: Years 80 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace... Frederick County Maryland (Town, county, and state)

10. Usual occupation... Retired Housekeeper

11. Industry or business

12. Name... Jesse C. Walker
13. Birthplace... Kemptown, Maryland

14. Maiden name... Jemima Moxley
15. Birthplace... Damascus, Maryland

16. Informant... Mrs. R. Bruce Murdock
Address 352 Park Avenue- Frederick, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof 2-23-1947 (month) (day) (year)
Cemetery or crematory... Pleasant Hill Cemetery
Location... Monrovia, Maryland

18. Funeral director... C.E.Cline and Son
Address Frederick, Maryland

19. 22 Feb 47 (Date rec'd by registrar) Elizabeth G. Hoch Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 20th 19 47 9:45P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1940 to July 20 1947 and that I last saw him alive on July 20 1947

Immediate cause of death... Cerebral Hemorrhage
DURATION 1 Day
Due to... Hypertension; Heart Failure
Due to...

Other conditions...
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results... None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE... Address... Date signed...

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 26 1947

BONLAD V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 11/20/46</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 11/20/46</u>			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County _____ City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>3516 E. Baltimore St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____		
3. (a) FULL NAME <u>John H. Sohn</u>			3. (b) Social Security Number _____		
4. Sex <u>Male</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>Married</u>			MEDICAL CERTIFICATION		
6. (b) Name of XXXX <u>Birlien Sohn</u> wife 6. (c) If alive, give age <u>56</u> years			20. DATE OF DEATH <u>February 11</u> 19 <u>47</u> at <u>1:30 A.M.</u>		
7. Birth date of deceased (mo., day, yr.) <u>July 9, 1888</u>			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>November 20</u> 19 <u>46</u> to <u>Feb. 11</u> 19 <u>47</u> and that I last saw him alive on <u>February 11</u> 19 <u>47</u>		
8. AGE: Years <u>58</u> Months <u>7</u> Days <u>2</u> If less than one day _____ hrs. _____ min.			Immediate cause of death <u>Pulmonary Tuberculosis</u>		
9. Birthplace <u>Baltimore, Md.</u> (Town, county, and state)			DURATION <u>13 Mos.</u>		
10. Usual occupation <u>Die setter</u>			Due to _____		
11. Industry or business			Due to _____		
FATHER	12. Name <u>Peter Sohn</u>		Other conditions _____		
	13. Birthplace <u>Baltimore, Md.</u>		(Include pregnancy within 3 months of death)		
MOTHER	14. Maiden name <u>Barbara Herald</u>		Major findings of operations _____		
	15. Birthplace <u>Catonsville, Md.</u>		Date of op. _____		
16. Informant <u>Birlien Sohn (Wife)</u> Address <u>3516 E. Baltimore St., Balto., Md.</u>			Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereat <u>Feb. 14, 1947</u> (month) (day) (year) Cemetery or crematory <u>Oaklawn Cemetery</u> Location <u>Baltimore, Md.</u>			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____		
18. Funeral director <u>M. L. Creager & Sons</u> Address <u>Thurmont, Maryland</u>			23. SIGNATURE <u>R. G. Bacon</u> M. D. <u>XXXX</u> Address <u>State Sanatorium, Md.</u> Date signed <u>2/11/47</u>		
19. <u>Feb. 11</u> 19 <u>47</u> (Date rec'd by registrar) Registrar <u>J. D. Hyatt</u>					



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13a)

CERTIFICATE OF DEATH

 01695
 Reg. Dist. No. 1320

1. PLACE OF DEATH:

County Frederick
 City or town Burkittsville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Mos
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Burkittsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Annrie E. Sowers

3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 15, 1861

8. AGE: Years 85 Months 11 Days 13 hrs. _____ min.

9. Birthplace Burkittsville, Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER 12. Name Samuel Sowers
 13. Birthplace Burkittsville, Md.
 MOTHER 14. Maiden name Margaret Matthews
 15. Birthplace Libertytown, Md.

16. Informant Harry Sowers
 Address Burkittsville, Md.

17. Burial Date thereof 3-2-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery
 Location Burkittsville, Md.
Albany Co.

18. Funeral director Albany Co.
 Address Middletown, Md.

19. Mar 2 1947 Marie Glashell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1947 at 5:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 28 1947 to Feb 28 1947
 and that I last saw him alive on Feb 28 1947

Immediate cause of death

DURATION

Cardio-Renal-Vascular
 Due to Arteriosclerosis 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mans of injury _____ Injured at work?

23. SIGNATURE

M. D. or other

L. E. Harp MD
 Address Middletown Date signed 2-28-47

RECEIVED

MAR 10 1947

BUREAU V.B.

2-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131b)

CERTIFICATE OF DEATH

Reg. Dist. No. 1370

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Cover's Corner
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 33 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Cover's Corner
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural - Box 419
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

IDA B. SPENCER

3. (b) Social Security Number

4. Sex.....

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Wm D. Spencer

7. Birth date of deceased (mo., day, yr.)

July 28, 1863

6. (c) If alive, give age.....

63 years

8. AGE:

Years

Months

Days

If less than one day

83618

..... hrs. min.

9. Birthplace

Carroll Co. - Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Uriah S. Warner

13. Birthplace

Maryland

MOTHER

14. Maiden name

Julia Coppsmith

15. Birthplace

Maryland

16. Informant

Mr. Wm D. Spencer

Address

Box 419, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. James

Location

Dunnings, Carroll Co. Md.

18. Funeral director

E. M. Waltz

Address

Winfield Md.

19.

(Date rec'd by registrar)

19

47Thos. Blumson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 16th 1947, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15th 1947, to Feb. 15th 1947and that I last saw him alive on February 15th 1947

Immediate cause of death

Paralysis

DURATION

1 week

Due to.....

Due to.....

Other conditions

Chronic Nephritis 6 months

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... L. C. Shiley M.D.,
New Windsor Md. Date signed 2/17/47

501



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

Reg. Dist. No.

01697

1411

1. PLACE OF DEATH:

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 53 yrs.

Hospital, institution, or street address where death occurred:

301 West PolineHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 301 West Poline
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Frank Lester Spitzer

3. (b) Social Security Number

—

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Anne Rotherhoefer6. (c) If alive, give age 46 years

7. Birth date of

deceased (mo., day, yr.)

Jan. 15 1890

8. AGE:

Years 57 Months 1 Days 12 If less than one day
hrs. min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

clerk

11. Industry or business

self.

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. Registrar

21. Signature

22. Address

23. Date signed

24. M. D. or other

25. Date signed

26. Address

27. Date signed

28. Address

29. Date signed

30. Address

31. Date signed

32. Address

33. Date signed

34. Address

35. Date signed

36. Address

37. Date signed

38. Address

39. Date signed

40. Address

41. Date signed

42. Address

43. Date signed

44. Address

45. Date signed

46. Address

47. Date signed

48. Address

49. Date signed

50. Address

51. Date signed

52. Address

53. Date signed

54. Address

55. Date signed

56. Address

57. Date signed

58. Address

59. Date signed

60. Address

61. Date signed

62. Address

63. Date signed

64. Address

65. Date signed

66. Address

67. Date signed

68. Address

69. Date signed

70. Address

71. Date signed

72. Address

73. Date signed

74. Address

75. Date signed

76. Address

77. Date signed

78. Address

79. Date signed

80. Address

81. Date signed

82. Address

83. Date signed

84. Address

85. Date signed

86. Address

87. Date signed

88. Address

89. Date signed

90. Address

91. Date signed

92. Address

93. Date signed

94. Address

95. Date signed

96. Address

97. Date signed

98. Address

99. Date signed

100. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1947 at 11 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13 1947 to Feb 27 1947and that I last saw him alive on Feb 25 1947Immediate cause of death Myocardial Infarction

DURATION

14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick Md Date signed 2/28/47



2-25

2-1410 — 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-2)

CERTIFICATE OF DEATH

★ 01698

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Days

Hospital, institution, or street address where death occurred:

231 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MARY M. TRUNDLE

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Charles Newton Trundle7. Birth date of deceased (mo., day, yr.) March 15, 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>24</u>hrs.min.

9. Birthplace Feagaville-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Philip Culler13. Birthplace Frederick County Maryland14. Maiden name Ann Dixon15. Birthplace Frederick County Maryland16. Informant Mrs. John H. KrantzAddress R. F. D. #4, Frederick, Md.17. Burial Date thereof 2/12/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Lukes CemeteryLocation Feagaville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11-Feb 19 47 Elizabeth G. Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 19 47 at 5:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 31 January 19 47 to 9 Feb 19 47
and that I last saw her alive on 9 February 19 47

Immediate cause of death

Uremia

DURATION

3 daysDue to Arterio-sclerotic Cardio-renal disease10 yrs. (?)

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles C. Culler, M. D.
M. D. or other
Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

CERTIFICATE OF DEATH

01699

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 206 West South Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

FRANK J. WACHTER

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) May 12, 1878
8. AGE: Years 68 Months 9 Days 12 If less than one day
..... hrs. min.

9. Birthplace Bloomfield, Frederick County, Md.
(Town, county, and estate)

10. Usual occupation Plumber

11. Industry or business

FATHER 12. Name Thomas M. Wachter

13. Birthplace Frederick County, Maryland

MOTHER 14. Maiden name Cynthia Measell

15. Birthplace Frederick County, Maryland

16. Informant Mr. Mehrl Wachter

Address Frederick, Maryland

17. Burial Date thereof February 27, 1947
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 26 Feb 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 February 1947 at 1:20 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
never 19..... to..... 19.....
and that I last saw him live on 24 Feb. 1947

Immediate cause of death Cerebral Hemorrhage DURATION 4 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Corley Jr. M. D. M. D. or other

Address Frederick, Md Date signed 24 Feb. 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 28 1947

BUREAU V.B.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01700

Reg. Dist. No. 1310

1. PLACE OF DEATH

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Mos.
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Frederick
City or town Burkittsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3.(a) FULL NAME

Bertha M. Warner
4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife Widowed
7. Birth date of deceased (mo., day, yr.) 1869, March 24
8. AGE: Years 77 Months 10 Days 27 If less than one day _____ hrs. _____ min.

3.(b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 47 at 12:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 19 46 to Feb 21 19 47

and that I last saw him alive on Feb 20 19 47

Immediate cause of death

Coronary Occlusion

DURATION

8 hrs

Due to

Coronary Sclerosis

(?)

Due to

Hypertension & Sclerosis

Other conditions

Chronic Venous Stasis 3 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work?

23. SIGNATURE

D. J. Quie

M. D. or other

Address

Jefferson

Date signed

2/20/47

9. Birthplace Burkittsville Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry M. Warner

13. Birthplace Burkittsville, Md.

14. Maiden name Frances Warner

15. Birthplace Burkittsville, Md.

16. Informant Hospital (Frederick City)

Address Frederick, Md.

17. Burial Date thereof 2-27-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Francis Cemetery

Location Petersville, Md.

18. Funeral director Blodgett Co.

Address Middletown, Md.

19. Feb 26 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1947

BUREAU V.A.

2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
15 Rosemont Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 Rosemont Avenue
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME

PAUL CLARKE WILLARD

3. (b) Social Security Number

220-10-5112

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Lucie L. Kepler

7. Birth date of deceased (mo., day, yr.) May 18, 1878
6. (c) If alive, give age 64 years

8. AGE:	Years	Months	Days	If less than one day
	68	8	27hrs.min.

9. Birthplace Burkittsville, Frederick County, Md.
(Town, county, and state)

10. Usual occupation Banker & Farm Adviser

11. Industry or business

12. Name Edward L. Willard

13. Birthplace Nr. Burkittsville, Maryland

14. Maiden name Emma V. Shafer

15. Birthplace Middletown, Maryland

16. Informant Mrs. Paul C. Willard

Address Frederick, Maryland

17. Burial Date thereof Feb. 16, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 15 Feb 1947 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1947, at 12:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3 1947, to Feb. 14 1947
and that I last saw him alive on Feb. 13 1947

Immediate cause of death Coronary thrombosis
DURATION 2 days

Due to arteriosclerosis
DUE TO 2748 P

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth H. Heck M. D. or other

Address Frederick, Md Date signed 2/15/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 18 1947

BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170-0

CERTIFICATE OF DEATH

Reg. Dist. No. 01702 1310

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Hyattstown, Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>1 year 6 mo.</u> Hospital, institution, or street address where death occurred: <u>Hyattstown, Md. (Rural)</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>Frederick</u> City <u>Hyattstown, Md</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Rural</u> (If rural, give LOCATION) 2. (a) If veteran, name war <u>none</u>			
3. (a) FULL NAME <u>Charles Douglas Williams Jr.</u>				3. (b) Social Security Number <u>none</u>			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>single</u>		MEDICAL CERTIFICATION	
8. (b) Name of husband or wife _____				20. DATE OF DEATH <u>13 February</u> 19 <u>47</u> , at <u>11:30 A.</u> M			
7. Birth date of deceased (mo., day, yr.) <u>July 14, 1945</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>never</u> 19____ to 19____ and that I last saw him <u>dead</u> on <u>13 February</u> 19 <u>47</u>			
8. AGE: Years <u>1</u> Months <u>6</u> Days <u>29</u>		6. (c) If alive, give age _____ years		Immediate cause of death <u>Crushed skull</u>		DURATION <u>Instant</u>	
9. Birthplace <u>Frederick, Frederick, Md</u> (Town, county, and state)				Due to _____			
10. Usual occupation <u>none</u>				Due to _____			
11. Industry or business <u>none</u>				Other conditions _____			
12. Name <u>Charles D. Williams</u>				(Include pregnancy within 8 months of death)			
13. Birthplace <u>Gaithersburg, Md</u>				Major findings of operations _____			
14. Maiden name <u>Mary Eliza Butt</u>				Date of op. _____			
15. Birthplace <u>Rockville, Md</u>				Autopsy results _____			
18. Informant <u>Charles D. Williams</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address <u>Clarkburg, Md</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial <u>Burial</u> Date thereof <u>2/15/47</u> (Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide <u>Accident</u> Date of <u>13 February 1947</u>			
Cemetery or crematory <u>Mt. Olivet</u>				Where did injury occur? <u>HYATTSTOWN, FREDERICK, MARYLAND</u> (City or town) (County) (State)			
Location <u>Frederick, Md</u>				Injured at home, farm, industry, public place (where?) <u>HOME-FARM</u>			
18. Funeral director <u>Harry E. Gault, Co</u>				Means of injury <u>RUN OVER BY TRUCK</u> Injured at work? <u>No</u>			
Address <u>Frederick, Md.</u>				23. SIGNATURE <u>Charles S. Conley, M.D.</u> (City or town) (County) (State)			
19. 14 Feb 19 <u>47</u> <u>Elizabeth G. Herk</u> (Date rec'd by registrar) Registrar				Address <u>Frederick, Maryland</u> Date signed <u>14 FEB 1947</u>			

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FEB 15 1947

BUREAU V. R.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H-2)

CERTIFICATE OF DEATH

01703

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 214 Rockwell Terrace
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Louis LaFayette Wilson

3. (b) Social Security Number

214-10-1546

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Etta Cole
 7. Birth date of deceased (mo., day, yr.) May 21, 1875
 8. AGE: Years 71 Months 8 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Burrillville, Rhode Island
 (Town, county, and state)

10. Usual occupation Mgr. of Union Mfg. Co.

11. Industry or business Hosiery

12. Name George A. Wilson

13. Birthplace Connecticut

14. Maiden name Eliza J. Harn

15. Birthplace Connecticut

16. Informant Mrs. Louis L. Wilson

Address Frederick, Maryland

17. Entombment Feb. 14, 1947
 (Burial, cremation, or removal? Which?) Date thereof (month) (day) (year)

Cemetery or crematory Frederick Memorial Park, Inc.

Location Linden Hills, Md.

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 13-Feb 1947
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1947 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 1947 to Feb 11 1947
 and that I last saw him alive on Feb 11 1947

Immediate cause of death _____ DURATION _____

Acute Coronary Thrombosis 1 day

Due to _____

Due to _____

Other conditions Arteriosclerosis
Essential H. Hypertension
 (Include pregnancy within 8 months of death) 4 weeks

Major findings of operations none

_____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. O'Connell, M.D. M. D. or other _____

Address Frederick, Md. Date signed 2/13/47

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FEB 14 1947

BUREAU V.R.

1-35